

Today's date _____

Transcript Request Form

Email: bbryan@tiftarea.org or fax: (229) 382-7742

Last Name First M.I.

Social Security Number

Name your records could be under

Birth Date

Current Address

_____ Send transcript now

_____ Hold for current semester grades

City State Zip

Phone#

Last Semester Enrolled/ Year Graduated

_____ I will pick up transcript.

_____ Please mail transcript to:

Name or School Name

Address

City State Zip

I authorize release of my transcript.

Signature of Student (Required)

Office Use Only

Date Mailed: _____

Tiftarea Academy – 3144 U.S. Highway 41 N. – P. O. Box 10 – Chula, GA 31733

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